

ROUTING SLIP FOR INVOICES

DATE December 11, 2017

CONTRACTOR Family Values

CFMS 2000234086

MONTH OF SERVICE August-2017 - Supp#2

TO Trusclair

INITIAL REVIEW CR

DATE 12-19-17

FSPS2 REVIEW \_\_\_\_\_

DATE \_\_\_\_\_

Program Manager 1/2 DL

DATE 12/20/17

POSTED TO SPREADSHEET \_\_\_\_\_

SENT TO FISCAL 12/22/17

EQUIPMENT TO BE TAGGED? \_\_\_\_\_

ADVANCE RECOUPMENT? \_\_\_\_\_

COMMENTS:



Economic Stability  
Division of Programs  
627 North 4th Street  
Baton Rouge, LA 70802


(O) 225.342.4051  
(F) 225.342.2536  
[www.dcfs.la.gov](http://www.dcfs.la.gov)

John Bel Edwards, Governor  
Marketa Garner Walters, Secretary

**December 19, 2017**

**MEMORANDUM**

**TO: OM&F Fiscal  
Contract Payments**

**FROM: Dora Thomas   
Program Manager**

**RE: Invoice for payment  
PO #2000234086  
Family Values**

**Please find attached an invoice for payment.**

**If you have any questions, contact Charlene Trusclair (225) 342-5004.**

**DT/ct**

**Attachment**





# **DEPARTMENT OF CHILDREN AND FAMILY SERVICES** **Cost Reimbursement Invoice Form**

Family Values Resource Institute, Inc,

**Contractor Name**

7515 Scenic Highway

**Mailing Address**

Baton Rouge, LA 70807

**City, State, Zip**

- Barbara Thomas / 225-359-9001

**Contact Person/Telephone Number**

AUGUST 2017

**Service Period**

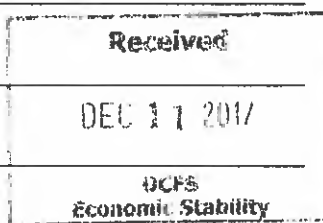
2000234086

**Contract/CFMS#**

AUGUST 2017- SUPPLEMENT 2

**Invoice Number**

234086-0817 Supp #2



## **EXPENDITURES**

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$0.00	\$57,499.94	\$57,499.94	\$115,000.06	
FRINGE BENEFITS	\$22,235.25	\$0.00	\$4,929.13	\$4,929.13	\$17,306.12	
TRAVEL	\$1,000.00	\$0.00	\$0.00	\$ 0.00	\$1,000.00	
OPERATING SERVICES	\$52,564.75	\$1,000.00	\$14,808.19	\$15,808.19	\$36,756.56	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$0.00	\$16,222.31	\$16,222.31	\$47,677.69	
OTHER CHARGES	\$216,000.00	\$0.00	\$54,000.00	\$54,000.00	\$162,000.00	
EQUIPMENT/ ACQUISITIONS	\$1,000.00	\$0.00	\$0.00	\$ 0.00	\$1,000.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
<b>TOTALS</b>	<b>\$529,200.00</b>	<b>\$1,000.00</b>	<b>\$147,459.57</b>	<b>\$148,459.57</b>	<b>\$380,740.43</b>	<b>\$ 0.00</b>

## **Contractor Certification**

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

*Barbara Thomas Project Director*  
 Signature of Authorized Contractor Representative and Title

*12/6/17*  
 Date

## **FOR DCFS USE ONLY**

<b>DCFS Invoice Number</b>	Org	Obj	Rep Cat	Sub Obj	ACTV
	4341	2940	5071		
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
<b>Program Compliance Approval</b>	I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.				
	<i>Dora Thomas Program Manager</i> Signature and Title of Authorized DCFS Official				
	<i>12/20/17</i> Date				

*Conclusion*

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**Cost Reimbursement Invoice Form**

**FINANCIAL REPORTING INSTRUCTIONS**

**Column A - Expenditure Category** – Enter the expenditure categories required by the contract.

**Column B – Approved Budget** – Enter the approved budget for the current contract term for the budget categories approved in the contract.

**Column C – Current Period Expenditures** – Enter the expenditures incurred and paid for the current reporting period.

**Column D – Prior Period Expenditures** - Enter the cumulative expenditures reported and reimbursed for all periods prior to, but not inclusive of the current reporting period.

**Column E – Cumulative Expenditures To Date** – Enter the total costs to date. Cumulative Expenditures To Date equals Current Period Expenditures + Prior Period Expenditures. (Column E = Column C + Column D)

**Column F – Remaining Balance** – Enter the difference between the Approved Budget Amount and the Cumulative Expenditures To Date. (Column F = Column B – Column E)

**Column G – Cost Sharing** – The portion of the project costs not borne by DCFS in the form of Local Costs, Matching Funds or In-kind Contributions. If applicable Cost Sharing requirements must be in accordance with the approved contract.

*Personnel* – Salaries and wages provided for all persons directly employed by the contractor.

*Fringe Benefits* – Employment benefits in addition to salaries and wages (i.e., health insurance, retirement, FICA, Medicare taxes, etc.)

*Travel* – Expenditures for training and travel for contract related purposes as authorized in the contract and in accordance with State of Louisiana Travel Policies and Procedures (PPM 49) unless otherwise stated in the contract such as, registration fees, mileage, meals, lodging, etc.

*Operating Services* – Expenditures, other than personal or professional services, required in the operation of the contract. Operating services include, but are not limited to, expenditures such as advertising, utilities, telephone services, printing, insurance, maintenance, rentals, dues and subscriptions, and communication services.

*Supplies* – Expenditures for articles and commodities which are consumed, to be consumed, or materially altered when used in the operations of a business.

*Professional Services* – Expenditures for services provided in specialized or highly technical fields by sources outside of the contractor. Professional services include accounting and auditing, management consulting, engineering and architectural, legal, medical and dental.

*Other Charges* – Expenditures peculiar to a contractor and not otherwise chargeable to another expenditure category. Expenditures for other charges must be identified and approved in the contract and budget documents.

*Equipment/Acquisitions* – Tangible assets purchased for use in the operations of an office such as office machines and furniture. Costs include purchase price, delivery charges, taxes, and other purchase related costs.

*Indirect Costs* – Generally, indirect costs are defined as administrative or other expenses that are not directly allocable to a particular activity or project; rather they are related to overall general operations and are shared among projects and/or functions.



3102 Walker Ridge Dr NW  
Walker, MI 49544

Advertising Invoice  
Invoice # 0002056297  
Business Unit: 36350

Advertising \$1,000.00

1	Billing Period	2	Advertiser / Client Name
07/01/2017 - 07/31/2017		LOUISIANA ALLIANCE FOR LIFE	
3	Billing Date	4	Advertiser Account #
07/31/2017		1000811961	
5	Customer Account #		
1000812309			
6	Original Amount Due	7	* Unapplied Amount
\$2,416.66		\$0.00	
8	Amount Due	9	Page
Upon Receipt		1	
10	Current Period	11	30 Days
\$1,083.33		\$1,333.33	
		\$0.00	
		\$0.00	

M

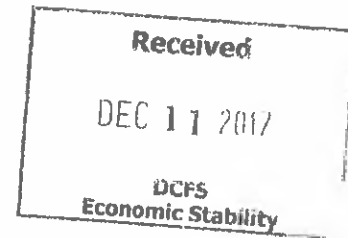
LOUISIANA ALLIANCE FOR LIFE  
Family Values Resource Institute  
7515 Scenic Hwy, Baton Rouge, LA  
70807

Customer Service Inquiries: 877-229-9911

nola-invoicesupport@acsmi.com

12	Date	13	Ad #	14	Product	15	PO/Description	16	Times	17	Units	18	Rate	19	Amount
							Balance Forward								1,333.33
07/31		0008293244		Digital Search			SEM Local Search								25.00
							0003003659 7/31-8/30								
07/31		0008293245		Digital Search			SEM Local Search								1,058.33
							0003003662 7/31-8/30								

Please remember to include the bottom portion of page 1 with your payment. Thank You!



PLEASE DETACH AND RETURN LOWER PORTION WITH YOUR REMITTANCE



Advertising Invoice  
Invoice # 0002056297  
Business Unit: 36350



1	Billing Period	2	Advertiser / Client Name
07/01/2017 - 07/31/2017		LOUISIANA ALLIANCE FOR LIFE	
3	Billing Date	4	Advertiser Account #
07/31/2017		1000811961	
5	Customer Account #		
100081			
6	Original Amount Due	7	* Unapplied Amount
\$2,416.66		\$0.00	
8	Amount Due	9	Page
Upon Receipt		1	
10	Current Period	11	30 Days
\$1,083.33		\$1,333.33	
		\$0.00	
		\$0.00	

20 REMIT TO:

NOLA Media Group  
Dept 77571  
PO Box 77000  
Detroit MI 48277-0571

Amount Paid: \_\_\_\_\_

Check # \_\_\_\_\_

LOUISIANA ALLIANCE FOR LIFE  
Family Values Resource Institute  
7515 Scenic Hwy, Baton Rouge, LA  
70807

36350 0000001000812309 0000001000811961 0000108333 0002056297 8

Advertising \$1,000.00

<b>FAMILY VALUES RESOURCE INSTITUTE INC</b> PO BOX 74403 BATON ROUGE, LA 70874 (225) 359-9001		1023 84-498762 01 CHECK # 1023
DATE <u>10/25/2017</u>		
PAY TO THE ORDER OF <u>NOLA Media Group</u> <u>Three Thousand Four Hundred ninety-nine &amp; 99/100</u> <b>Guaranty Bank</b> <small>NEW ORLEANS, LOUISIANA AND TRUST COMPANY</small>	\$ <u>3,499.99</u> DOLLARS	Photo of Payee Required on back
FOR DEPOSIT ONLY # <u>2038640, 2056897, 2007394</u>	<u>Barker J. Thomas</u>	
@001023@ 00652049800 01 5552 7@		700003499997

JPMORGANCHASE BK NA 103017 >074909882 27120984 0077573 00815054 001		CR TO NMD PAYEE ALL RTS RSD 0000000777177890
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Advertising

← Reply | → Forward | Delete



**FW: Weekly Report for Louisiana Alliance for Life**

Date: Today, 04:11:23 PM UTC

From: Denise Ford

To: Barbara J Thomas | latoshai@family-values.org

Attachments: [Save All]  
29650105\_Resource and Fund Development June.pdf (249 KB)   
29650107\_Resource and Fund Development July.pdf (241 KB)   
29650116\_Resource and Fund Development Aug.pdf (336 KB)

Text (8 KB)

This part contains an attachment that can not be displayed within this part:  
 image001.jpg 3 KB

Good morning -

Please advise that the billing period dates are not the run dates of the campaign. Please look at the PO/Description line to see the accurate run dates. We are not able to change the billing period dates as we bill out at the end of every month.

Please let me know if you have any other questions, and if you could let me know status of payment that would be great.

Thanks!

Denise Ford | Credit Specialist

[ACS\_Logo\_medium]

Advance Central Services, Inc  
616-254-2065

29650105\_Resource and Fund Development June.pdf (249 KB)  
 29650107\_Resource and Fund Development July.pdf (241 KB)  
 29650116\_Resource and Fund Development Aug.pdf (336 KB)

ROUTING SLIP FOR INVOICES

DATE October 26, 2017

CONTRACTOR Family Values

CFMS 2000234086

MONTH OF SERVICE August 2017 Supp

TO Trusclair

INITIAL REVIEW CK Trusclair

DATE 10-30-17  
Submitted 11-1-17

FSPS2 REVIEW \_\_\_\_\_

DATE \_\_\_\_\_

Program Manager 1/2 JS

DATE 11/3/17

POSTED TO SPREADSHEET \_\_\_\_\_

SENT TO FISCAL 11-7-17

EQUIPMENT TO BE TAGGED? \_\_\_\_\_

ADVANCE RECOUPMENT? \_\_\_\_\_

COMMENTS:

10-30-17 - Moved maintenance invoice to Sept. invoice